

* **NOTE:** Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28.

ENTERAL THERAPY 21 YEARS AND OLDER

As per § 67:16:42:09, when no fee is specified for covered services, payment is limited to 60% of the provider's usual and customary charge. Supplies and administration kits are paid at 90% of the provider's usual and customary charge.

Last Updated May 12, 2008

CODE	DESCRIPTION	ALLOWANCE
B4034	Enteral feeding supply kit - syringe (per day)	90% of UCC
B4035	Enteral feeding supply kit - pump fed (per day)	90% of UCC
B4036	Enteral feeding supply kit - gravity fed (per day)	90% of UCC
B4081	Nasogastric tubing with stylet	90% of UCC
B4082	Nasogastric tubing without stylet	90% of UCC
B4083	Stomach tube - Levine type	90% of UCC
B4085	Gastrostomy tube with ring, each	90% of UCC
B4086	Gastrostomy/jejunostomy tube	90% of UCC
B4100	Food thickener, administered orally, per ounce. Including the following:	60% of UCC
Nana Flakes		Resource Puree Appeal
Thik & Clear Instant Food Thickener		Resource ThickenUp
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit. Including the following:	\$ 1.24 per unit
CeraLyte 50 Oral Hydration Therapy		Enlive
CeraLyte 70 Oral Hydration Therapy		Resource Arginaid Extra
CeraLyte 90 Oral Hydration Therapy		Resource Breeze
Carnation Instant Breakfast Juice Drink		Resource Diabetishield
B4104	Additive for enteral formula (e.g. fiber). Including the Following:	60% of UCC
Clear 2 Go		Fiber 7
CVF		Fiber Supreme
Resource Benefiber		Liquid Fiber Flow
ScandiCal		
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit . Including the following:	\$ 1.24 per unit
Compleat		Compleat Pediatric

B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tub, 100 calories = 1 unit. Includes the following:	\$.78 per unit
Advantage Plus - 60+	Jevity 1Cal	
AMTF	Jevity 1.2 Cal	
AMTF High Protein	Naturite	
Balanced - The Total Nutritional Drink (Instant Meal Replacement Drink)	Balanced - The Total Nutritional Drink (Ready to Drink Meal)	
Boost	Nitrolan	
Boost High Protein	Nitro-Pro	
Boost with Benefiber	Nutrapak	
Carnation Instant Breakfast Lactose Free	NutriHeal Complete Nutrition for Healing Support	
Ensure	Nutren 1.0	
Ensure Fiber with FOS	Nutren 1.0 with Fiber	
Ensure Healthy Mom Shake	Nutri-Drink	
Ensure HN	Nutriflavor	
Ensure HP	Nutrition	
Ensure Powder	Osmolite	
Enteralife HN	Osmolite 1 Cal	
Enteralife HN Fiber	Osmolite 1.2 Cal	
Enteralife HN-2	ProBalance	
Fibersource	Resource	
Fortison	Promote	
Introlite	Promote with Fiber	
Isocal	Replete	
Isocal HN	Replete with Fiber	
Isocal HN Plus	Susta II	
Isocal II	Sustacal	
Isosource	Sustacal Basic	
Isosource HN	Sustacal Fiber	
Ultracal	Fibersource HN	
Ultracal HN Plus	Advantage Plus - 10+	
Ensure High Calcium	Portagen	
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube 100 calories = 1 unit. Including the following:	\$.48 per unit
AMTF High Cal 2.0	Hi-Cal	

Boost Plus		IsoSource 1.5
Carnation Instant Breakfast Lactose Free Plus		Carnation Instant Breakfast Lactose Free VHC
Deliver 2.0		Jevity 1.5 Cal
Ensure Plus		Med Plus 2.0
Ensure Plus HN		Naturite Plus
Ensure Plus HN Ready-to-Hang		Novasource 2.0
NuBasics 2.0 Complete		Nutren 1.5
NutriAssist 1.5		Nutren 1.5 with Fiber
Nutri-Drink Plus		Nutren 2.0
Nutrition Plus		Osmolite 1.5 Cal
Resource Plus		ScandiShake
Resource Support		Sustacal Plus
Resurgex Plus		Twocal HN
Resurgex Select		Comply
Hormel Solutions Balanced Fortified Nutrition		
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube 100 calories = 1 unit. Including the following:	\$ 2.20 per unit
Optimental		IntensiCal Ready-to-Hang
AccuPepha		L-Emental
Alitraq		L-Emental Plus
Criticare HN		Peptamen
Crucial Complete Elemental Diet		Peptamen 1.5
F.A.A. (Free Amino Acid Diet)		Peptamen AF
Glutasorb		Peptamen VHP
Impact Glutamine		Tolerex
Peptical		Perative
Peptinex		Pro-Peptide
Peptinex DT		Pro-Petide VHN
Peptinex DT with Prebiotics		Vital HN
Subdue		Vivonex Plus
Subdue Plus		Vivonex RTF (Ready-to-Feed)
Subdue Ready-to-Hang		Vivonex T.E.N.
Peptamen Complete Elemental Diet with Prebio1		

B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber administered through an enteral feeding tube 100 calories = 1 unit. Including the following:	\$ 1.60 per unit
NovaSource Pulmonary	Enterex Diabetic with Fiber	
Advera	Enterex Hepatic	
AminAid	Glucerna	
AMTF Diabetic	Glucerna Select	
AMTF Pulmonary	Glucerna Shake	
AMTF Renal	Glucerna Weight Loss Shake	
AMTF Renal 2.0	Gluco-Pro	
AMTF Trauma	Glytrol	
Boost Diabetic	Hepatic-Aid	
Choice DM	Immun-Aid	
Diabetic Nutritional Shake	Isosource VHN	
Diabetisource AC	KetoCal	
Impact	Lipisorb	
Impact 1.5	Magnacal Renal	
Impact Advanced Recovery	Modulen IBD	
Impact Recover	Nepro	
Impact with Fiber	Novasource Rena	
L-Emental Hepatic	Nutrifocus	
Nutren Pulmonary	Re/Gen Vanilla	
Nutren Renal	Re/Gen Vanilla Reduced Sugar	
NutriHep	Resource Diabetic	
Oxepa	Resource Diabetic TF	
Pivot 1.5 Cal	Respalor	
ProSure Shake	Similac PM 60/40	
Protain XL	Suplena (Replena)	
Pulmocare	Tarvil	
Renalcal	Traumacal	
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), protein/amino acids (e.g. glutamine, arginine), fat, (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit. Including the following:	\$ 1.02 per unit
ArgiMent	Glutamine Enriched Antioxidant Formula	
80056	Glutamine Immune Deficiency Formula	
Casec	Glutamine Unsweetened Regular	

Complete Amino Acid Mix	Hi ProCal
Duocal (Super Soluble)	Hom 1
Egg/Pro Powder	Hom 2
Enfamil Human Milk Fortifier	Immunocal
Essential Protein	Lophlex
Essential Amino Acid Mix	MCT Oil
Essential ProPlus	EPULOR
Juven with Arginine, Glutamine and HMB	L-Emental Arginine Supplement Drink Mix
L-Emental Amino Acid Supplement – 100% L-Arginine	L-Emental Amino Acid Supplement – 100% L-Glutamine
LPS 15/30	MSUD 1
LPS Critical Care	MSUD 2
Microlipid	Nutramine
Moducal	Nutramine T
Nestle Additions Calorie and Protein Food Enhancer	Resource Beneprotein Instant Protein Powder
NutriMod Protein Supplement	Resource Arginaid
NutriVir	Resource Benecalorie
NutriVir - NSA (No Sugar Added)	Resource GlutaSolve
OS 1	Resource Instant Protein Powder
OS 2	PhenylAde Amino Acid Blend
PFD 1	PhenylAde MTE Amino Acid Blend
PFD 2	Phlexy-10 Drink Mix
PKU 1	ProMod
PKU 2	ProNutra
PKU 3	Propac Plus
Polycose	ProPass Protein Supplement
Procare	Pro-Phree
ProCell Protein Supplement	ProSource Protein Supplement
Promix	Proteinex Liquid
Pro-Stat 64	ProViMin
Pro-Stat 101	RCF (Ross Carbohydrate Free)
Pro-Stat 121	Restore-X
Pro-Stat 150	Resurgex
Pro-Stat AWC	SoyPro
Sumacal	UCD 1
TYR 1	UCD 2
TYR 2	UpCal D
Sysco Classic Lactose Free ProCal	

B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit. Including the following:	\$.78 per unit
BCAD 2	MSUD Maxamum	
Cyclinex-2	OA 2	
GA	Phenex-2	
Glutarex-2	Phenex-2, Vanilla	
HCY 2	PhenylAde Drink Mix	
Hominex-2	PhenylAde40 Drink Mix	
I-Valex-2	Phenyl-Free 2	
Ketonex-2	Phenyl-Free 2HP	
LMD	Propimex-2	
Tyrex-2	WND 2	
TYROS 2	XLeu Maxamum	
XMet Maxamum	XLys, XTrp Maxamum	
XMTVI Maxamum	Xphe Maxamum Drink	
XPhe Maxamum, Flavored	XPhe Maxamum, Unflavored	
E0776	IV Pole	\$ 126.50
B9998	Not otherwise classified enteral therapy – per diem. To be used only with approval from the department before supplies are furnished.	60% of UCC